

		<p align="center"><b>2012</b></p> <p align="center"><b>FIRE DEPARTMENT REGISTRATION AND EQUIPMENT INFORMATION WORKSHEET</b></p> <p align="center">PLEASE TYPE OR PRINT</p>		<p><i>Mail, Fax or Email completed form to:</i></p> <p align="center"><b>MISSOURI DEPARTMENT OF PUBLIC SAFETY</b>  <b>DIVISION OF FIRE SAFETY</b>  <b>P.O. BOX 844</b>  <b>JEFFERSON CITY, MO 65102</b>  <b>FAX: 573-751-5710</b>  <b>Email: <a href="mailto:firesafe@dfs.dps.mo.gov">firesafe@dfs.dps.mo.gov</a></b></p>	
1) FDID:		2) FIRE DEPARTMENT NAME:		3) 24 HR CONTACT NUMBER: (Other than 911)	
4) FIRE DEPARTMENT MAILING ADDRESS:				5) NON-EMERGENCY BUSINESS PHONE NUMBER:	
6) FIRE DEPARTMENT WEBSITE ADDRESS (if applicable):				7) BUSINESS FAX NUMBER:	
8) MAIN STATION/HEADQUARTERS PHYSICAL ADDRESS AND GPS COORDINATES (Lat/Long in decimal degrees e.g. 38.5774, -92.1711). <a href="https://gis.dps.mo.gov/gis/Geocoder/index.html">https://gis.dps.mo.gov/gis/Geocoder/index.html</a> for coordinates					
9) CITY:			10) ZIP CODE:		11) COUNTY:
12) CHIEF'S NAME:		13) E-MAIL ADDRESS:		14) PHONE:	
15) 2 <sup>ND</sup> CONTACT NAME AND TITLE:		16) E-MAIL ADDRESS:		17) PHONE:	
18) DEPARTMENT TYPE: <input type="checkbox"/> ALL VOLUNTEER <input type="checkbox"/> ALL PAID <input type="checkbox"/> PART PAID / PART VOLUNTEER		19) DEPARTMENT TYPE: <input type="checkbox"/> DISTRICT <input type="checkbox"/> MUNICIPALITY <input type="checkbox"/> ASSOCIATION			
		20) FIRE DEPT FUNDING <input type="checkbox"/> TAX SUPPORTED <input type="checkbox"/> SUBSCRIPTION / TAG			
		21) PERSONNEL (complete each applicable field): # PAID                      # VOLUNTEER                      # PAID PER CALL			
22) ASSOCIATION BOUNDRIES FILED IN ACCORDANCE WITH RsMO 320.310:  <input type="checkbox"/> Yes <input type="checkbox"/> No		23) NUMBER OF FIRE STATIONS: (List additional stations on supplemental form)		24) ACTIVELY NFIRS REPORTING?  <input type="checkbox"/> Yes <input type="checkbox"/> No	
				25) CODE ENFORCEMENT: <input type="checkbox"/> BOCA <input type="checkbox"/> UFC <input type="checkbox"/> NFPA <input type="checkbox"/> ICC/IFC Code Edition (Year)	
				26) ISO RATING: (lowest rating for your department)	
<b><i>FIRE DEPARTMENT EQUIPMENT INFORMATION</i></b>					
27) MUTUAL AID REGION):		<p><b>In order to provide an accurate assessment of Missouri's fire response capabilities and to help plan for local, regional and statewide mutual aid responses, please inventory and report below all fire or related resources operated by your department. Refer to the Resource Typing description lists to provide the most accurate representation of your agency's equipment/resources and indicate quantity of each.</b></p>			

Engines (Pumpers) Enter by pump capacity/Tank capacity	1000+ gpm/400+ gal 500 gpm/400 gal 120 gpm/500 gal 70 gpm/750 gal	Aerial L=ladder P=platform	75'+L      50'L 75'+P      50'P Elevated stream (e.g. Snuzzle or Tele-squirt)
Water Tenders (Tankers) Enter by capacity	2,000+ gals 1,000 gals	Foam Tender (include % concentrate)	500 gal    % 250 gal    %
Brush Truck		Boats (Quantity and capability)	
Portable Pump	500 gpm      w/trailer? 250 gpm      w/trailer? 50 gpm        w/trailer?	Generator (minimum 15 kw)	Size          Phase Size          Phase Size          Phase
Ambulances (Fire service based)	ALS          BLS	Bomb Squad/Explosives Team)	Yes          No
Mobile EOC/ Communications Unit (Include capability)		Water Rescue Capability	Still/slow water Swift water Dive
Disaster/Collapsed Structure Search & Rescue Capability	Surface/non-entrapment Light frame construction Heavy/concrete construction	Wilderness Search & Rescue Capability	24+ hours 24 hours and self- sufficient
Cave Rescue Team	Yes          No	Technical Rescue Capability	Trench Extrication High Angle Confined Space
K9 Teams	Yes          No (If yes, complete K9 mutual aid registration form: <a href="http://www.dfs.dps.mo.gov/DFSK9REGISTRATION.htm">http://www.dfs.dps.mo.gov/DFSK9REGISTRATION.htm</a> )	Fuel Tender	1,000+ gal 100 gal
Communications System Information (check all that apply)	VHF          800 UHF          700 HAM	HazMat Capability	Awareness Operations Technician Specialist
Mobile light towers			

**X**

Name of Agency Representative Completing F...

Date Completed

**Division of Fire Safety Use Only**

Date Received:

Date Entered:

Notes:

## ADDITIONAL STATION INFORMATION

ADDITIONAL STATION NUMBER		PHONE NUMBER:
STATION PHYSICAL ADDRESS:		7) GIS LOCATION OF STATION (Long/Lat) If known:
CITY:	ZIP CODE:	10) COUNTY:
ADDITIONAL STATION NUMBER		PHONE NUMBER:
STATION PHYSICAL ADDRESS:		7) GIS LOCATION OF STATION (Long/Lat) If known:
CITY:	ZIP CODE:	10) COUNTY:
ADDITIONAL STATION NUMBER		PHONE NUMBER:
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